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DATE:	February 28, 2006	TIME:	_____ .m. (Denver)
NUMBER OF PAGES (including this page): <u>18</u>		F&B FILE:	331389
		REC:	0025
TO:	Commissioner for Patents United States Patent & Trademark Office	TELEPHONE:	
		FAX:	571-273-8300

## MESSAGE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jeffrey R. Reihl  
 Serial No.: 10/675,235  
 Filed: September 30, 2003  
 Art. Docket No.: 73715-331389  
 For: INTERNET DELIVERY SYSTEM

Examiner:  
 Art Unit: 2164  
 Confirmation No.: 9832

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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2. TRANSMITTAL FORM;
3. FEE TRANSMITTAL FORM AND CREDIT CARD FORM;
4. PETITION FOR EXTENSION OF TIME.

Alicia R. Espinoza

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T-291 P-02 F-756

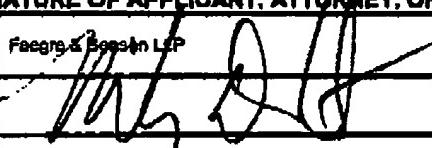
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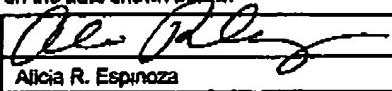
<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/675,235
		Filing Date	September 30, 2003
		First Named Inventor	Jeffrey R. Rehl
		Art Unit	2164
		Examiner Name	Oni, Olubusola
Total Number of Pages in This Submission		Attorney Docket Number	73715-331389

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <small>Credit Card Form</small>	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm			
Signature			
Printed Name	Michael A. DeSanctis		
Date	02/28/2006	Reg. No.	39,857

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Alicia R. Espinoza
Date	02/28/2006

This collection of information is required by 37 CFR 1.5. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005  
(H.R. 4818).**

**FEE TRANSMITTAL  
for FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

*Complete if Known*

Application Number	10/675,235
Filing Date	09/30/2003
First Named Inventor	Jeffrey R. Reini
Examiner Name	Oni, Olubusola
Art Unit	2184
Attorney Docket No.	73715-331389

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 06-0029 Deposit Account Name: Faegre & Benson LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Small Entity		Fee (\$)	Fee (\$)
			Fee (\$)	Fee (\$)		
25	-20 or HP = 5	x 50	= 250.00			

(\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or HP = 2	x 200	= 400.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEES**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) + **Attorney or Time Fees**

**450.00**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,857	Telephone	303-607-3500
Name (Print/Type)	Michael A. DeSantis			Date	02/28/2006

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